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Department of the

DLN: 93493188009293

2021

OMB No. 1545-0047

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

 \blacktriangleright Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Treasu		nue Service		i <u>rs.gov/Form990</u> for instructions	s and the	latest inforr	nation.		Inspection		
A F	or th	e 2021 c	⊥ alendar year, or tax year l	peginning 09-01-2021 , and en	ding 08-3	1-2022					
B Che	eck if a ddress	pplicable: change	C Name of organization ARIZONA VETERINARY MEDIC				D Employ 23-721		fication number		
☑ In	ame ch itial ref	-	Doing business as				-				
☐ Ar	nended	d return on pending	Number and street (or P.O. bo	ox if mail is not delivered to street address	ss) Room/su	ite	E Telephor (602) 2	ne numbei :42-7936			
_				e, country, and ZIP or foreign postal code	2		G Gross re	eceipts \$ 7	83,175		
			F Name and address of pr	incipal officer:		H(a) Is th	is a group re	-	,		
			100 W COOLIDGE ST PHOENIX, AZ 85013			subo	ordinates? all subordinat		□Yes ☑No □Yes □No		
I Ta	ax-exer	mpt status:		6) ◄ (insert no.)	527	If "N	ded? o," attach a l		instructions.		
J W	/ebsit	te:► N/A	4			H(c) Grou	ıp exemption	number	>		
K For	m of o	rganization	: 🗹 Corporation 🗌 Trust 🗀	Association ☐ Other ►		L Year of form	nation:	M State	of legal domicile: AZ		
Р	art I	Sum	mary								
Activities & Governance	-	To promot		ion or most significant activities: edicine to animals and human healt nvolvement of it's members.	ch and welfa	are, educatio	n, legislation,	, public i	nformation and		
G0V6				on discontinued its operations or dis verning body (Part VI, line 1a)			% of its net a	ssets.	17		
න් ග			-	ers of the governing body (Part VI, I				4	17		
ıtıe			· -	in calendar year 2021 (Part V, line	-			5	5		
ctiv	6	6									
⋖	7a	7a Total unrelated business revenue from Part VIII, column (C), line 12									
	b	Net unre	lated business taxable incom	e from Form 990-T, Part I, line 11				7b	225,179		
						Pi	rior Year		Current Year		
ġ			• • •	e 1h)					(
Ravenue		_		rice revenue (Part VIII, line 2g)				842 418	937,29!		
å	11 Other revenue (Part VIII, column (A), lines 5, 4d, and 7d)							410	154,12		
	1			l (must equal Part VIII, column (A),	line 12)		969,2	260	783,17!		
	13	Grants ar	nd similar amounts paid (Par	t IX, column (A), lines 1–3)					(
	14	Benefits	paid to or for members (Part	IX, column (A), line 4)					(
æ	15	Salaries,	other compensation, employ	ee benefits (Part IX, column (A), lin	es 5-10)		417,	595	419,70:		
Expenses	16a	Profession	onal fundraising fees (Part IX,	column (A), line 11e)					(
ă	1		raising expenses (Part IX, column	· · · · · · · · · · · · · · · · · · ·							
				lines 11a-11d, 11f-24e) st equal Part IX, column (A), line 25			358,: 775,:		514,74:		
			less expenses. Subtract line		')		193,4		934,447		
Net Assets or Fund Balances			TOOL CAPETION CAPETING			Beginnin	g of Current Y		End of Year		
Ssel	20	Total ass	ets (Part X, line 16)				2,076,4	462	1,901,400		
¥ ₽	21	Total liab	vilities (Part X, line 26)				23,	795	(
ZΪ	22		ts or fund balances. Subtract	line 21 from line 20	•		2,052,	667	1,901,400		
	art II		ature Block	examined this return, including acco	omnanving	cchoduloc ar	nd statements	s and to	the best of my		
know	ledge	and belie		plete. Declaration of preparer (othe							
any i	knowle	eage.									
		*****	*				23-07-07 ate				
Sign		Signati	ure of officer			Da	ite				
Here	е		WILLIAMS Executive Director reprint name and title								
		V '	Print/Type preparer's name	Preparer's signature	l n	ate		PTIN			
Pai	d		, ,, , , , = , = , , , , , , , , , , ,			Ch		P0007886	3		
	pare	er 🗏	Firm's name F GA YEAGER & AS	SSOCIATES INC			rm's EIN ► 86-	-0977811			
	On		irm's address ▶ 7227 N 16TH ST	STE 222		Pł	none no. (602)	265-3133			
		·	Phoenix, AZ 850			["	(002)	2100			
May 1	the IR	S discuss		shown above? (see instructions)				✓,	res □ No		

Form	990 (2021)				Page 2
Pa	rt III Statemer	nt of Program Service Acc	complishments		
	Check if Sc	hedule O contains a response o	note to any line in this Part III		🗆
1		e organization's mission:			
To pr	romote excellence in agement through act	veterinary medicine to animals tive involvement of it's member	and human health and welfare, educa s.	tion, legislation, public inform	ation and practice
2			gram services during the year which w	ere not listed on	
	•	or 990-EZ?			🗌 Yes 🗹 No
		these new services on Schedule			
3	-	on cease conducting, or make si	gnificant changes in how it conducts, a	ny program	☐ Yes ☑ No
	If "Yes," describe t				
4	Describe the organ Section 501(c)(3)	nization's program service accor	nplishments for each of its three larges required to report the amount of gran service reported.		
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	(Expenses \$			Revenue \$)
4e	Total program se	ervice expenses >			

16

17

18

19

Nο

Nο

Nο

Nο

Nο

Nο

No

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15

16

17

18

19

20a

20b

21

FOITH	990 (2021)			Page
Pa	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X , as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 💆	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 2	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1 1		

foreign organization? If "Yes," complete Schedule F, Parts II and IV

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

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Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note.	38	Yes	

Yes

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8

0

1c

1a

1b

No

All Form 990 filers are required to complete Schedule O. . .

(gambling) winnings to prize winners? .

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .

Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

Part V

	Statements Recording Other IDS Filings and Tay Compliance (continued)			Page 3
	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		No
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

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Pa	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	o" resp	onse to	✓
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 17			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a		No
b	Each committee with authority to act on behalf of the governing body?	8 b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	∍.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section			
	501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
19				

State the name, address, and telephone number of the person who possesses the organization's books and records: MITTIE WILLIAMS 100 W COOLIDGE ST PHOENIX, AZ 85013 (602) 242-7936

Form **990** (2021)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII $\,$.

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

organization, more than \$10,000 of reportable co	mpensation fro	m the o								
See the instructions for the order in which to list										
Check this box if neither the organization no (A) Name and title	(B) Average hours per week (list any hours	Positio tha pers	n (do an on on is	(C) o not e bot both) t ch οx, ι h an		ore er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations
(1) EMILY KANE EXECUTIVE DIRECTOR	40.00							128,712	0	0
(2) KAYLEE YOSHIMOTO	0.00							0	0	0
PRESIDENT-ELECT (3) MELISEA RIENSCHE	0.00									
PAST PRESIDENT	0.00							0	0	0
(4) BARBARE BATKE Director	0.00	Х						0	0	0
(5) HILLARY HERENDEEN	0.00	Х						0	0	0
Director (6) PETER MUNDSCHENK	0.00 0.00									
Director	0.00	Х						0	0	0
(7) JENNIFER REDMON	0.00	Х						0	0	0
Director (8) LISA SCHNIER	0.00									
Director	0.00							0	0	0
(9) LINDESY SMOGOR Director	0.00	Х						0	0	0
(10) SANDRA SNYDER Director	0.00	Х						0	0	0
(11) TARA-LYN TEMPLE Director	0.00	Х						0	0	0
(12) LAUREN THOMAS Director	0.00	Х						0	0	0
(13) CHRISTINA TRAN	0.00							0	0	0
Director (14) KARYN WEELEY	0.00									
Director	0.00	Х						0	0	0
(15) TIFFANI SHIVLEY Director	0.00	Х						0	0	0
(16) KARA S THOMAS	0.00			Х				0	0	0
President (17) RACHEAL MCKINNEY	0.00 0.00			<u> </u>						
Vice President	0.00			Х				0	0	0

Part VII

F)

Page 8

	(A) Name and title	(B) Average hours per week (list any hours for related	er than one box, unless person com ist is both an officer and a irs director/trustee) orc							ion e on	(E) Reportable compensation from related organizations (W-2/1099-		Estimated amount of other compensation from the organization and		
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/109 NEC)		MISC/1099 NEC)		relat organiz	ed	
(18)	CAMERON DOW	0.00			х					0		0		C)
Secre	itary	0.00													-
															-
															-
c ·	Sub-Total	VII, Section A	 			/e) v		ceive	128,712 ed more than	\$100	.000				- - -
	of reportable compensation from the org					-, .				T					_
3	Did the organization list any former officine 1a? <i>If "Yes," complete Schedule J for</i>			key e		loye •		nighe •	est compensat	ted er	nployee on	3	Yes	No No	
4	For any individual listed on line 1a, is the organization and related organizations grandividual										ne	4		No	
5	Did any person listed on line 1a receive of services rendered to the organization? If	"Yes," complete				•		_	•			5		No	_
	ection B. Independent Contractors		1 1								100 000 5				-
1	Complete this table for your five highest from the organization. Report compensations											npen	sation		
	Name and	(A) business address							D	escript	(B) ion of services		(C Comper		
															-
															-
												_			-
	Total number of independent contractors (i compensation from the organization ► 0	ncluding but not	limited	l to ti	hose	list	ed abo	ove)	who received	more	than \$100,00	00 of			_

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

		(2021)	of F	Payanua						Page 9
Part	VIII				respo	onse or note to an	y line in this Part VIII			п
		Check in School		o contains a	respe	STISE OF FIGURE CO GIT	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b d e f	Federated campaig Membership dues Fundraising events Related organizati Government grants (a All other contributions and similar amounts above Noncash contribution lines 1a - 1f:\$	ons contri s, gift not ir	. 1 . 1 . 1 . 1 . ts, grants, included in	.a .b .c .d .e .tf					
S Co	h	Total. Add lines 1a	a-1f			•	0			
						Business Code				
He	2a	ADVERTISING					226,179		226,179	
		MEETINGS & CONVE	NTIO	NC			316,735	316,735		
еле	0	MEETINGS & CONVE	VIIO	13			·	,		
⊕ 62	c	MEMBERSHIP DUES					385,073	385,073		
r Kic		MISCELLANEOUS					9,308	9,308		
Program Service Revenue	a	MISCELLANEOUS					,	,		
gran	e									
ď		•								
	f	All other program	serv	ice revenue.						
	g	Total. Add lines 2	2a-2	f	>	937,295				
		Investment income			nds, i		-154,12	-154,120		
	ı	similar amounts) 4 Income from investment of tax-exe								
	l	Royalties					•			
				(i) Real		(ii) Personal				
	6a	Gross rents	6a							
		Less: rental					-			
		expenses	6b							
	С	Rental income or (loss)	6с							
	٠	Net rental income	or ((loss)				o l		
				(i) Securit	ies	(ii) Other				
	7a	Gross amount from sales of	7a							
		assets other than inventory								
	b	Less: cost or	7b							
		other basis and sales expenses	"							
		Gain or (loss)	7c							
		I Net gain or (loss)	\Box							
		Gross income from fu	ındra	ising events		<u> </u>				
Other Revenue		(not including \$ contributions reporte	d on	of line 1c).						
e e		See Part IV, line 18			8a					
ď	Ŀ	Less: direct expen	ses		8b					
the	٠	Net income or (los	ss) fr	om fundraisii	ng ev	ents 🕨		0		
Ò	9a	Gross income from	gami	ing activities.						
		See Part IV, line 19	•		9a					
	ı	Less: direct expen			9b					
	۹	Net income or (los	ss) fr	om gaming a	ctivit	ies 📂	<u> </u>	0		
	10:	aGross sales of inve	entor	ry, less						
		returns and allowa	ances	5	10a					
	l t	Less: cost of good	ls sol	ld	10b					
	_	Net income or (los Miscellaneo			nvent		,	0		
	11		us K	evenue		Business Code	\dashv			
	l E	·								1
										+
		All other revenue								1
	ı	Total. Add lines 1				>				
		! Total revenue. S) 		1
			11			• • • •	783,17	556,996	226,179	Form 000 (2021)

Form 990 (2021) Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). ◪ Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. Total expenses general expenses expenses expenses 0 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . 0 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign 0 governments, and foreign individuals. See Part IV, lines 15 4 Benefits paid to or for members 0 128,712 128,712 Compensation of current officers, directors, trustees, and key employees . 0 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . 230 258 230,258 **7** Other salaries and wages 0 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) 33,270 29,588 3,682 **9** Other employee benefits . . . 27,461 17,586 9,875 **10** Payroll taxes . . . 11 Fees for services (non-employees): a Management 0 0 **b** Legal 11,815 11,815 c Accounting 32,500 32,500 0 e Professional fundraising services. See Part IV, line 17 615 0 **16** Occupancy . . . 0 0 Payments of travel or entertainment expenses for any federal, state, or local public officials

75,604

9,985

108,872

66,945

41,733

32,289

114,845

934,442

0

0 13,538

8,949

6,600

108,872

66,945

56,439

525,237

75.604

4,589

3,385

41,733

32,289

58,406

409,205

Form 990 (2021)

f Investment management fees	0	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0	
12 Advertising and promotion	0	
13 Office expenses	6,615	6,6
14 Information technology	0	
15 Royalties	0	

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization .

24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).

21 Payments to affiliates . . .

expenses on Schedule O.)

d Printing and Publications

e All other expenses

20 Interest

23 Insurance .

a COMMITTES

b NEWSLETTER

c TAXES

Form 990 (2021)

1

2

Fund Balances

٥ 29

Assets 30

27

28

31

32

33

243,359

0

0

0

0

0

0

0

0

0

1,901,400

1.901,400

1,901,400

1,901,400

Form 990 (2021)

80,077

266,145

1,311,819

(B) End of year

4

5

6 7

8

9

10c

11

12 13

14

15

16

17

18

19

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22

23

24

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30

31

32

33

2,052,667

2,076,462

74,202

279,641

2,076,462

23,791

536,911

270,766

Page **11**

Check if Schedule O contains a response or note to any line in this Part IX .

	Beginning of year	
Cash-non-interest-bearing	256,680	1
Savings and temporary cash investments	1,465,939	2
Distance and asserts assertingly make		$\overline{}$

3 Pledges and grants receivable, net . Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . . Inventories for sale or use . . Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other

basis. Complete Part VI of Schedule D

10a 10b

Assets b Less: accumulated depreciation 11

Investments—publicly traded securities . Investments—program-related. See Part IV, line 11

Intangible assets .

12 13 14 15 Other assets. See Part IV, line 11 . . .

Investments—other securities. See Part IV, line 11 .

16 **Total assets.** Add lines 1 through 15 (must equal line 33) . 17 Accounts payable and accrued expenses .

Grants payable . Deferred revenue . . .

18 19 20 Tax-exempt bond liabilities . 21

Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Secured mortgages and notes payable to unrelated third parties

Liabilities 22 23 24 Unsecured notes and loans payable to unrelated third parties .

25 and other liabilities not included on lines 17 - 24).

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Complete Part X of Schedule D

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

26 Total liabilities. Add lines 17 through 25 . .

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow FASB ASC 958, check here <a> \square and complete lines 27, 28, 32, and 33.

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

23.795 2.052.667

Form	990 (2021)				Page 12
Pai	tXI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	T				700 475
1	Total revenue (must equal Part VIII, column (A), line 12)	1			783,175
2	Total expenses (must equal Part IX, column (A), line 25)	2			934,442
3	Revenue less expenses. Subtract line 2 from line 1	3			-151,267
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2	,052,667
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		1	,901,400
Pa	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>	
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2021)

3b

Additional Data

Software Version: 2021v4.1 **EIN:** 23-7216045

Software ID: 21013475

Name: ARIZONA VETERINARY MEDICAL ASSOCIATION

Form 990 (2021)

Form 990, Part III, Line 4a:

Provided education and public welfare.

SCHEDULE C

(Form 990)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

DLN: 93493188009293

OMB No. 1545-0047

Open to Public Inspection

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

 Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization **Employer identification number** ARIZONA VETERINARY MEDICAL ASSOCIATION 23-7216045 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

Political campaign activity expenditures. See instructions 2 3 Volunteer hours for political campaign activities. See instructions

Complete if the organization is exempt under section 501(c)(3).

Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955

If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes □ No

Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV.

Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3

Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b........

Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount

of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and

-0-. directly delivered to a separate political organization. If none, enter -0-. 2 5

activity.

Part IV

Return Reference

Amount

(a)

Yes | No

4

5

During the year, did the filing organization attempt to influence foreign, national, state or local legislation. 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 2a If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Nο 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 2 No Did the organization agree to carry over lobbying and political expenditures from the prior year? No Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 385,073 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current vear 2b Carryover from last year Total 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . 3 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see

Explanation

expenditure next year?

Taxable amount of lobbying and political expenditures. See Instructions

instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Supplemental Information

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493188009293

OMB No. 1545-0047

2021

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Open to Public

Department of the Treasury

(Form 990)

Na	me of the organization ZONA VETERINARY MEDICAL ASSOCIATION	<u> </u>	0113 u	ia the latest inio		yer identification	number
ANI					23-721		
Pa	Organizations Maintaining Donor Advis Complete if the organization answered "Ye				or Accou	ınts.	
	Complete if the organization answered Te			sed funds	(b) Funds and other	accounts
1	Total number at end of year	· · · · · · · · · · · · · · · · · · ·			`	•	
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex] Yes ☐ No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor,	or for a	any other purpose		impermissible _] Yes □ No
Pa	rt II Conservation Easements.	–					
_	Complete if the organization answered "Ye						
1	Purpose(s) of conservation easements held by the organ Preservation of land for public use (e.g., recreation	•	natap			II :	
		or education)				lly important land	area
	☐ Protection of natural habitat		Ц	Preservation of a	certified h	iistoric structure	
_	☐ Preservation of open space				_		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conserva	ion co	ntribution in the fo		onservation Held at the End	of the Year
а	Total number of conservation easements				2a	ricia de tire Ena	or the rear
b	Total acreage restricted by conservation easements				2b		
c	Number of conservation easements on a certified historic	structure include	d in (a)	2c		
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06,	and n	ot on a historic	2d		
3	Number of conservation easements modified, transferre tax year ▶	d, released, exting	uished	, or terminated by	the orgar	nization during the	
4	Number of states where property subject to conservatio	n easement is loca	ted 🕨				
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	e periodic monitor	ing, in	spection, handling	of violatio	ons,	□ No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of v	iolatio	ns, and enforcing c	onservatio	on easements duri	ng the year
7	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violation	ons, ar	d enforcing conser	vation ea	sements during th	e year
8	Does each conservation easement reported on line 2(d)	above satisfy the	equire	ments of section 1	70(h)(4)(B)(i)	
	and section $170(h)(4)(B)(ii)$?					☐ Yes	□ No
9	In Part XIII, describe how the organization reports cons- balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the or					
Par	Organizations Maintaining Collections Complete if the organization answered "Ye	s" on Form 990,	Part :	IV, line 8.			
1a	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ Part XIII, the text of the footnote to its financial statement	ic exhibition, educ	ation,	or research in furth			
b	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ following amounts relating to these items:	C 958, to report ir ic exhibition, educ	its rea	venue statement ar or research in furth	erance of	public service, pro	ovide the
(i) Revenue included on Form 990, Part VIII, line 1					▶ \$	
(i)Assets included in Form 990, Part X				!	▶ \$	
2	If the organization received or held works of art, historic following amounts required to be reported under FASB A	ASC 958 relating to	these	items:	_	•	
а	Revenue included on Form 990, Part VIII, line 1						
b	Assets included in Form 990, Part X					> \$	
For	Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Cat. No.	52283D	Schedule D (F	orm 990) 2021

		(101111 990) 2021									Page 2
	3111	Organizations Maintaining Col									
3		the organization's acquisition, accessio (check all that apply):		any of —	the fo	ollowing t	that are a	significant (use of its co	llection	
а		Public exhibition	d		Loan	or exch	ange prog	rams			
b		Scholarly research	e		Othe	er					
С		Preservation for future generations									
4	Provid Part X	le a description of the organization's col III.	lections and explain how the	ey furt	her th	e organiz	zation's ex	empt purpo	se in		
5		g the year, did the organization solicit o s to be sold to raise funds rather than to							☐ Yes		ln.
Pai	t IV	Escrow and Custodial Arrange	ments.								
		Complete if the organization answ X, line 21.	vered "Yes" on Form 990), Part	: IV,	ine 9, o	r reporte	d an amou	unt on Forr	n 990,	Part
1a		organization an agent, trustee, custodi ed on Form 990, Part X?							☐ Yes	□ N	lo
b	If "Ye:	s," explain the arrangement in Part XIII	and complete the following	table:				Α	mount		_
c	Begin	ning balance					1c				_
d	Additio	ons during the year					1d				_
е	Distrib	outions during the year					1e				_
f		g balance					1f				_
2a	Did th	- e organization include an amount on Fo	orm 990 Part X line 21 for	escrov	w or ci	istodial a	eccount lia	hility?	□ vos		_
b		s," explain the arrangement in Part XIII						•	_		
	rt V	Endowment Funds.	. Check here if the explanat	IOII IIa:	s Deel	provide	u III Pait 7				
		Complete if the organization answ	vered "Yes" on Form 990), Part	: IV,	ine 10.					
				rior yea			ears back	(d) Three ye	ars back (e)	Four yea	rs back
1a	Beginni	ng of year balance									
b	Contrib	utions									
С	Net inv	estment earnings, gains, and losses									
d	Grants	or scholarships									
		expenditures for facilities orgrams									
f	Adminis	strative expenses									
g	End of	year balance									
2	Provid	le the estimated percentage of the curr	ent year end balance (line 1	g, colu	ımn (a	ı)) held a	s:				
а	Board	designated or quasi-endowment >									
b	Perma	anent endowment ►									
С	Term	endowment 🟲									
	The pe	ercentages on lines 2a, 2b, and 2c shou	ıld equal 100%.								
3а		ere endowment funds not in the possestization by:	sion of the organization tha	t are h	eld ar	nd admin	istered for	the		Yes	No
	(i) Un	related organizations							3a(i)		
	(ii) Re	elated organizations							3a(ii))	
b		s" on 3a(ii), are the related organization			₹? .				3b		
4		ibe in Part XIII the intended uses of the		funds.							
Par	t VI	Land, Buildings, and Equipme		. Dow	. T\ /	ina 11a	Coo For	000 Da	urt V lina 1	^	
	Descrip	Complete if the organization answards (a) Cost or other (investment)	her basis (b) Cost or other				umulated d			Book valu	е
12	Land .										
		gs		Δ	79,555			221,332			258,22
					22,015	 		14,093			7,92
		old improvements			17,981			17,981			,,52.
a	⊏quipm	ent			1/,501	1		17,901			

17,360

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

266,145

17,360

Part VII	Investments - Other Securities. Complete if the organization answered "Yes" on Form 990,	Part IV	. li	ine 11h.See Fo	rm 990. Part :	K. line 1	2.
	(a) Description of security or category (including name of security)	(b) Book	Κ.		(c) Method of vocare or end-of-year	aluation	:
(1) Financia	l derivatives						
	held equity interests						
(A)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
(H)							
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)	•					
Part VIII	Investments - Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV	. li	ine 11c. See Fo	orm 990. Part	X. line :	13.
	(a) Description of investment			(b) Book value	(c) Met	hod of v	aluation: market value
(1)			<u> </u>		Cost of end	-or-year	That ket value
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)		_				
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990,	Dart I\/	lir	an 11d Son For	m 990 Part V I	ino 15	
	(a) Description	raic IV,		10 114. 500 101	III 330, Tare X, T) Book value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
Total. (Colu Part X	mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.		•		•		
1.	Complete if the organization answered 'Yes' on Form 990, (a) Description of liability		lir	<u>ne 11e or 11f.S</u>	See Form 990,	Part X,	line 25. (b) Book value
	income taxes	~,					(B) Book faile
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	n (b) must equal Form 990, Part X, col.(B) line 25.)				•		
	or uncertain tax positions. In Part XIII, provide the text of the footno			=	ncial statement		_

Net unrealized gains (losses) on investments 2a 2h h

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

2c 2d

Schedule D (Form 990) 2021

3

4

5

1 2

а

3

4

b

5

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . Other (Describe in Part XIII.)

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b**

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Add lines **4a** and **4b**

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Amounts included on line 1 but not on Form 990, Part IX, line 25:

2b 2c 2d

2a

4a

4b

Amounts included on Form 990, Part IX, line 25, but not on line 1:

4b

3

2e

4c

2e

4c

Page 4

: X,	line	2;	Part	

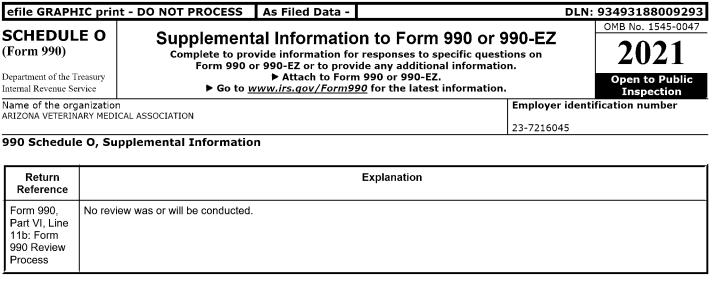
Part XIII	Supplemental	Information
	descriptions required	

3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Explanation

Return Reference

Part XIII	Supplemental Info	rmation (continued)	Page 5
Ret	urn Reference	Explanation	
			Schedule D (Form 990) 2021



Return Explanation
Reference

Form 990,	No documents available to the public.
Part VI, Line	
19: Other	
Organization	
Documents	
Publicly	
Available	

Return Explanation Reference

Form 990,	: Column (A) - Total = \$0; Column (B) - Program Services = \$0; Column (C) - Management & General = \$0; Column (D) -
Part IX, Line	Fundraising = \$0
0.4- 0.0	

24e: Other

990 Schedule O, Supplemental Information

Return Explanation Reference

Form 990. BANK FEES: Column (A) - Total = \$29420: Column (B) - Program Services = \$0: Column (C) - M anagement & General = \$29420; Column (D) - Fundraising = \$0 Part IX. Line

24e: Other Expenses

990 Schedule O, Supplemental Information

Return Explanation
Reference

Form 990,	MISCELLANEOUS: Column (A) - Total = \$4390; Column (B) - Program Services = \$2902; Column (
	C) - Management & General = \$1488; Column (D) - Fundraising = \$0
24e: Other	

Return Explanation
Reference

Form 990,	PENALTIES: Column (A) - Total = \$2650; Column (B) - Program Services = \$0; Column (C) - Ma
Part IX, Line	nagement & General = \$2650; Column (D) - Fundraising = \$0
24e: Other	

Return Explanation
Reference

Form 990,	Postage and Shipping: Column (A) - Total = \$2716; Column (B) - Program Services = \$1795; C
Part IX, Line	olumn (C) - Management & General = \$921; Column (D) - Fundraising = \$0
24e: Other	

Return Explanation
Reference

Form 990,	PROPERTY TAXES & LICENSE: Column (A) - Total = \$7039; Column (B) - Program Services = \$465
Part IX, Line	3; Column (C) - Management & General = \$2386; Column (D) - Fundraising = \$0
24e: Other	

Return Explanation
Reference

Form 990,	PUBLIC RELATIONS: Column (A) - Total = \$393; Column (B) - Program Services = \$0; Column (C
Part IX, Line) - Management & General = \$393; Column (D) - Fundraising = \$0
24e: Other	

Return Explanation Reference

Form 990,	REPAIRS & MAINTENANCE: Column (A) - Total = \$30731; Column (B) - Program Services = \$20314
	; Column (C) - Management & General = \$10417; Column (D) - Fundraising = \$0
24a: Othor	

24e: Other

990 Schedule O, Supplemental Information

Return Explanation
Reference

Form 990,	SCHOLARSHIPS & DONATIONS: Column (A) - Total = \$2452; Column (B) - Program Services = \$245
Part IX, Line	2; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0
24e: Other	
Expenses	

Return Explanation

Form 990,	TRAVEL & EDUCATION: Column (A) - Total = \$11700; Column (B) - Program Services = \$7734; Co
Part IX, Line	lumn (C) - Management & General = \$3966; Column (D) - Fundraising = \$0
24e: Other	

Return Explanation

Form 990,	UTILITIES & TELEPHONE: Column (A) - Total = \$19958; Column (B) - Program Services = \$13193
Part IX, Line	; Column (C) - Management & General = \$6765; Column (D) - Fundraising = \$0
24e: Other	

Return Explanation
Reference

'	VETERINARY HEALTHCARE TEAM: Column (A) - Total = \$3396; Column (B) - Program Services = \$3 396; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0
24e: Other	1999 Wallagement & General \$\psi_0\$, General \$\psi_0\$, General \$\psi_0\$ Tanaraion \$\psi_0\$
Expenses	

990 Schedule O, Supplemental Information Return Explanation Reference

PART IV OBOX CHECK THAT WE RECEIVED DUES
LINE 5

990 Schedule O, Supplemental Information Return Explanation Reference PART VII LIST OF DIRECTORS WAS UPDATED

SECT A

990 Schedule O, Supplemental Information Return Explanation Reference

PART XI TOTAL EXPENSES ADJUSTED TO ACTUAL LINE 2